IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Muchin et al.	CERTIFICATE OF FACSIMILE TRANSMISSION
Title:	BATTERIES, ACCESSORIES, MARKETING BUNDLES AND MARKETING METHODS	I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. Todd A. Rathe (Printed Name)
Appl. No.:	10/748,889	(Signature)
Filing Date:	12/30/2003	(Date of Deposit)
Examiner:	Cantelmo, Gregg	

RESPONSE AND AMENDMENT UNDER 37 CFR 1.111

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

1745

Sir:

Art Unit:

Transmitted herewith is an amendment in the above-identified application.

- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	-	•		0	X	\$50.00	=	\$0.00
Independent Claims:			=	0	X	\$210.00	=	\$0.00
First p	presentation of	any Multiple	Depend	dent Claims:	+	\$360.00	= -	\$0.00
				CLAIMS	FEE	TOTAL	=	\$0.00

[] Applicant hereby petitions for an extension of time under total number of months checked below:	er 37 C.F.R. §1.136(a)) for the					
[] Extension for response filed within the first month:	\$120.00	\$0.00					
[] Extension for response filed within the second month:	\$450.00	\$0.00					
[] Extension for response filed within the third month:	\$1,020.00	\$0.00					
[] Extension for response filed within the fourth month:	\$1,590.00	\$0.00					
[] Extension for response filed within the fifth month:	\$2,160.00	\$0.00					
EXTENSIO	N FEE TOTAL:	\$0.00					
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00					
CLAIMS, EXTENSION AND DISCLAIME	R FEE TOTAL:	\$0.00					
[] Small Entity Fees Apply (subtr	ract ½ of above):	\$0.00					
	TOTAL FEE:	\$0.00					
	A Change of Correspondence Address, Power of Attorney and 3.73(b)are enclosed. A Credit Card Payment Form authorizing a charge in the amount of 0.00 to cover the total fee is enclosed.						
[X] The Commissioner is hereby authorized to charge any additional fees which may be							
	required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any						
	overpayment, to Deposit Account No. 50-3815. Should no proper payment be						
enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated,							
otherwise improper or informal or even entirely missing,	otherwise improper or informal or even entirely missing, the Commissioner is						
authorized to charge the unpaid amount to Deposit Account No. 50-3815. If any extensions of time are needed for timely acceptance of papers submitted herewith,							
							applicant hereby petitions for such extension under 37 C.
payment of any such extensions fees to Deposit Account No. 50-3815.							

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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By_

Todd A. Rathe

Attorney for Applicant Registration No. 38,276